

PAYER ID:

SUBMITTER ID:



emdeon™

Emdeon **Claims** Provider Information Form

*This form is to ensure accuracy in updating the appropriate account

1 Provider Organization					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
2 Vendor <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
3 Payer					
Payer ID					
Group ID	Individual Provider ID		NPI ID		
4 Confirmations					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted. SUBMIT COMPLETED FORM TO: Fax: (615) 231-4843 Email: batchenrollment@Emdeon.com 					
IF YOU ARE CURRENTLY SUBMITTING ELECTRONIC CLAIMS SUCCESSFULLY NO ADDITIONAL ENROLLMENT IS REQUIRED.					
EMDEON REVISION FORM DATE:					



EDI 837 Claims Enrollment Form (To Send Electronic Claims to Carolina Crescent)

Date _____

1 / Submitter Information (to be filled out by the clearinghouse)	
CLEARINGHOUSE	EMDEON
Clearinghouse Contact Name	ENROLLMENT HELP DESK
Clearinghouse Address	3055 LEBANON PIKE STE 1000
City NASHVILLE	State TN Zip 37214
Phone 866.924.4634	Email payerregistration@emdeon.com
[Note: Carolina Crescent will send enrollment confirmation to the email address above.]	
2 / Billing Agent/Service Information [refers to the clearinghouse]	
Billing Agent Tax ID	133052274A
3 / Provider Group Information (W-9 Required)	
Group Name	
Group Tax ID	
Group NPI # (if applicable)	
4 / Provider Remittance/Billing Address	
Address	
City	State Zip

Internal Use	
ID#	_____
W-9 on file	_____
Database	<input type="checkbox"/>
FAX	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>
Date	_____

PROVIDER NAME (Including TITLE) (e.g. MD, DO, DPM)	PROVIDER SPECIALTY (e.g. Family Practice)	PROVIDER NPI # (10 Digits)	PROVIDER TAXONOMY CODE	PAR (Participating) Or Non-Par

